

# WE WILL

## PREVENT PRESSURE ULCERS. KNOW THE FACTS. TAKE ACTION.

**ISDH Long Term Care  
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*Long Term Care Newsletter  
Pressure Ulcer Initiative Update Issue  
Indiana State Department of Health*

### Pressure Ulcer Initiative Update

This issue of the Indiana State Department of Health (ISDH) Long Term Care Newsletter is an update of the Indiana Pressure Ulcer Quality Improvement Initiative. The Indiana Pressure Ulcer Quality Improvement Initiative is a 15-month quality improvement collaborative that began in June 2008. The objective of the initiative is to prevent pressure ulcers and significantly reduce the number of pressure ulcers occurring in patient care settings. The University of Indianapolis Center for Aging and Community is the project manager and coordinator for the initiative.

At this point in the initiative, participating health care facilities and agencies should have reviewed their pressure ulcer prevention system, identified improvements to the system, and implemented improvement plans. The first learning session emphasized basic knowledge on pressure ulcers, assessments, and appropriate identification of risk. Facilities and agencies should have reviewed and incorporated those elements into their pressure ulcer prevention system.

The second learning session will focus on challenges and lessons learned so far in this initiative as well as staging and care coordination. Data on our progress will be shared with participants. There will be numerous opportunities throughout the day to share experiences and challenges. Come prepared for an interactive day. We look forward to hearing about your progress in preventing pressure ulcers.

### Tip of the Month

Quality health care originates with the fundamentals of medicine and nursing. Preventing pressure ulcers is based on those fundamentals. On the first day of nursing school, students likely learn the "nursing process" that is the cornerstone for nursing. The nursing process is a five-step process:

- Assess for a problem
- Identify a problem / Study
- Develop a plan to solve the problem
- Implement the plan
- Reassess the problem / Evaluation

The nursing process was created to provide a system for addressing health care issues. Quality health care requires a system. The nursing process emphasizes assessment and reassessment. This creates a care system that ensures that the problem is constantly reviewed until solved.

The identified "problem" may be facility system problem or a patient specific problem. For a health care facility or agency, the problem is having a system that ensures that there is a complete and timely assessment of each patient or resident along with a care coordination system that ensures continuity of care. Developing a pressure ulcer prevention system is a good example of a system-based problem. As a facility or agency develops its pressure ulcer prevention system, the system should follow the nursing process concept to ensure that there is a complete nursing process cycle included in the system.

The nursing process also applies at the individual patient or resident level. Every patient and resident is at risk for pressure ulcers. Preventing pressure ulcers is therefore an identified "problem" for every patient or resident. The nursing process is therefore triggered to address the pressure ulcer problem for that patient or resident. The subsequent assessment process determines the degree of risk for a particular patient or resident and drives the development and implementation of an appropriate care plan. Reassessment ensures that the nursing process is complete.

If you perform a root cause analysis of pressure ulcer problems, the finding is usually that there was a failure to complete the nursing process. Today's legal corner takes a look at the nursing process and how that process is important in reviewing the facility's or agency's system for meeting the needs of its patients or residents.

## Technical Assistance

### We need your data!

Make sure you have a smooth process in place for collecting and submitting your organization's monthly data. Long term care facilities should have submitted data since December 2008. Hospitals and Home Health/Hospice will start with January 2009 data. If you need a current data collection tool, please go to <http://cac.uindy.edu/initiatives/IPUQII.php> and download the appropriate form for your care setting.

### Out of sight out of mind?

Prevention is the key to success. Think of your "at risk" patient/resident and the number of times a day they may not be off loaded, repositioned, or encouraged to change position. It does not take long to compromise circulation and skin integrity.

Examples where circulation and skin integrity may be compromised include the following.

- Beauty shop
- Physician's office visit
- Outpatient laboratory or x-ray sites
- Church
- Off-site visits with friends and family

It is critical to share pressure reduction strategies with everyone who interacts with the at risk population. The more the patient/resident is repositioned while out of your direct care, the less chance they will return to your area compromised.

### What should staff be doing to prevent pressure ulcers?

#### Unit Managers

- Provide leadership and education to promote pressure ulcer prevention measures.
- Monitor the need for pressure reducing devices for the unit.

Monitor lab results and new physician orders to identify risk situations.

#### Licensed nurses

- Accurately assess and document each pressure ulcer.
- Document the treatment plan in the medical record.
- Encourage pressure ulcer measurement by a consistent staff member
- Check medication compliance and observe for affects on appetite, mental function, and skin hydration.
- Closely monitor residents/patients for pain management to increase compliance with the treatment plan.

#### Nursing Assistants

- Carefully inspect skin daily.
- Report early signs of pressure areas.
- Gently cleanse skin after toileting.
- Observe for behavior changes that could indicate discomfort.
- Apply lotion to dry skin several times a day.

Dwight D Eisenhower is quoted to have said, "*Leadership* is the art of getting someone else to do something you want done because he wants to do it". During this initiative every participant will need to become a leader in preventing pressure ulcers.

## Success Stories

- A facility posted the initiative commitment board in the entry hallway upon returning from its first Nursing Home Learning Session. After explaining the initiative at a resident meeting, the residents wanted to sign the board alongside the staff.
- One facility conducts a mini root cause analysis with each nosocomial pressure ulcer. The root cause analysis team includes a certified nursing assistant. During a recent discussion, the aide identified the foot pedals of the wheel chair bound resident were not always used by the resident. The director of nursing was very proud of the aide for identifying a critical component related to the acquired pressure ulcer. The director of nursing stated that this demonstrates how front-line staff is the cornerstone in pressure ulcer prevention.
- A facility in the initiative revised its policy and procedures after attending the first nursing home learning session. They were able to share what it learned with corporate facilities. Those changes are now incorporated into all its facilities.
- How about a spa day. One facility holds a weekly foot spa day for "at risk" residents/patients. The staff has reduced calluses and provided an opportunity to check feet, shoe fitting, and lower leg condition in the same session.
- By offering Saturday care plan meetings, a facility has increased family participation.

As you experience success stories, please share them with the initiative collaborative team. Submit your stories to Jo Dyer at [jdye@hce.org](mailto:jdye@hce.org) for inclusion in future publications.

## Resident and Family Corner

The Next Step in the Care Campaign was created by the United Hospital Fund in New York. It is a multi-dimensional campaign designed to train and support family caregivers at the time of care transitions. The purpose of the campaign is to engage patients and caregivers in the patient's care. The support family caregivers provide is indispensable in any care setting.

The campaign developed the "7 Cs" values that should be the foundation of a provider's interactions with family caregivers and the people they care for.

The list includes the following:

- Communication
- Cultural competence
- Consideration
- Courtesy
- Collaboration
- Coordination
- Continuity

More information is located on the Web site at <http://www.nextstepincare.org>.

## Legal Corner

Not all unexpected, unintended, or adverse medical outcomes can be attributed to an error by the health care provider. In order for nurses to be held liable for adverse outcomes, the plaintiff must establish that (1) the nurse owed a duty of care to the patient, (2) the nurse breached that duty by failing to provide the same care that an ordinarily prudent nurse would provide in the same or similar circumstances (standard of care), and (3) that the patient suffered an injury or harm because the actions of the nurse were a deviation from the standard of care.

In the context of legal liability, one way in which a nurse might be held responsible for harm or injury to a patient is due to failure to monitor and assess a patient's condition. Negligent monitoring may arise from a nurse's failure to properly assess the patient and notify the treating physician(s) of any changes. However, by utilizing the nursing process, adverse outcomes that might lead to malpractice claims and licensure actions may be minimized.

The steps of the nursing process include (1) assessment, (2) problem/need identification [nursing diagnosis], (3) planning, (4) implementation, and (5) evaluation. In the case of pressure ulcers, a nurse's documentation related to the nursing process and the prevention or treatment of pressure ulcers can decrease the risk of liability. The steps of the nursing process and some of the considerations of each step are:

1. Assessment: This step includes skin assessments and the use of validation tools (e.g. Braden Scale) to identify those who either have pressure ulcers or who are at risk for the development of pressure ulcers based on their mobility, nutritional and hydration status, and other factors. This includes a description of any existing wounds.

2. Problem/need identification: Here, the nurse identifies applicable nursing diagnoses, such as impaired skin integrity related to..., risk for infection related to..., pain, acute or chronic related to..., impaired mobility, etc.

3. Planning: The nurse synthesizes the information collected and writes goals and expected outcomes. The plan may be based on priorities and identified needs of the patient. The goal of the plan should promote wound healing, skin integrity and the patient's comfort. The plan should also reflect continuity of care.

4. Implementation: This step includes interventions the nurse employs to implement the nursing plan, which may include a turn schedule, adequate hydration and nutrition, use of specialty beds and other devices, and positioning. This step also includes wound care and continued evaluation and documentation of the wounds. Finally, this step considers the prevention of additional wounds.

5. Evaluation: This step involves measuring outcomes, revising the nursing plan, and implementing new or additional nursing interventions accordingly.

The use of the nursing process can minimize liability in the event of an adverse outcome, such as the development of pressure ulcers. However, the health care provider should always remember the important role of documentation and communication. It is imperative that the nurse not only utilize the steps of the nursing process, but that each step is documented in the patient's medical record and communicated to the health care team. Employing the steps of the nursing process and good documentation is an excellent approach to minimize the risk of legal action in the event of an adverse outcome.

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This legal corner article was contributed by Melissa J. Wray, Bingham McHale LLP, Indianapolis, IN.

## Frequently Asked Questions

Question: Why do we need a storyboard?

ANSWER: A storyboard is a useful tool for effectively presenting improvements and the participant team's work. It can be used and displayed to a variety of audiences, including within an organization, to other organizations, and to the larger community. This helps inform a wider audience about your efforts and increase awareness.

A storyboard is also a strategic planning tool. A storyboard tells a story about your plan to prevent pressure ulcers. Thinking through the preparation of a storyboard often points out weaknesses in the system by raising questions about coordination or responsibilities. A storyboard may also help maintain focus on how the initiative is progressing towards meeting prevention goals. Keep a timeline of your interventions and performance improvement projects. You will be amazed at what you have done when you write it down!

Question: What is ISDH's recommendations regarding the use of cornstarch for pressure ulcer prevention?

ANSWER: The ISDH, Division of Long Term Care, does not recommend the use of cornstarch. Even a slight trace of cornstarch, powder or talc on a floor may become a safety/fall risk.

Question: When a facility is using a skin barrier cream/ointment, such as Vaseline, how should it be packaged?

ANSWER: The ISDH, Division of Long Term Care, will accept the skin barrier cream/ointment in a labeled container in accordance with 410 IAC 16.2-3.1-25 (j) or single dose packets.

## Coming Events

## Learning Session II:

Learning Session II will be conducted at regional locations. Each participating facility or agency will attend their assigned regional session. Check in and coffee and breakfast snacks begins at 8:00 a.m. local time at each location with the first presentation beginning at 8:30 a.m. The following are the dates and locations for the second learning sessions for Pressure Ulcer Initiative participants:

Central Indiana- Tuesday, April 14, 2009, 8 a.m. EDT,  
The Garrison, Fort Harrison Conference Center,  
6002 North Post Road, Indianapolis, IN

Northeast - Wednesday, April 15, 2009, 8 a.m. EDT,  
LaFontaine Golf Club,  
6129 N. Goshen Road, Huntington IN 46750

Northwest - Thursday, April 16, 2009, 8 a.m. CDT,  
The Calumet Conference Center at Purdue University-Calumet,  
2200 169th Street, Hammond, IN

Southeast - Wednesday, April 29, 2009, 8 a.m. EDT,  
Hillcrest Golf and Country Club,  
850 North Walnut Street, Batesville, IN

Southwest - Thursday, April 30, 2009, 8 a.m. EDT,  
Carolina Cherry Restaurant & Reception Hall  
2717 Washington Avenue, Vincennes, IN 47591-3613

## Pressure Ulcer Coaching Call / Webinar: March 26, 2009

There will be webinars for the hospital and home health participants on March 26th. The hospital webinar is at 11 a.m. and the home health agency webinar is at 2 p.m. The purpose of the webinar is to address any challenges, barriers, clarifications or questions the facilities or agencies may be having in regards to their pressure ulcer program and the improvement cycles taught during the first learning session. The provider associations will send out registration information to hospital and home health participants for these events.

## Outcomes Congress

August 26, 2009: Outcomes Congress, final initiative event for all participants, Indianapolis.



The Indiana State Department of Health and University of Indianapolis Center for Aging & Community appreciate the commitment and positive response to this initiative. Congratulations on the progress and accomplishments of the facility and agency teams. Thank you for your efforts to prevent pressure ulcers.

Terry Whitson  
Assistant Commissioner  
Indiana State Department of Health